FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* McDonald Colin Patrick | | | | <u>CI</u> | 2. Issuer Name and Ticker or Trading Symbol CROSS COUNTRY HEALTHCARE INC CCRN | | | | | | | | | heck all app Direc | licable) | or 10% Owner (give title Other (specify | | vner | |
|--|---|--|--|-----------|--|---------|--|-----------------|--|-----------|-------------------------------------|--|--|--|--|---|--|--|--|
| (Last) | (F | irst) (I | Middle) | | | | | | | (D. 04.) | | | 4 | belov | , | ıan Re | below) | | |
| C/O CROSS COUNTRY HEALTHCARE, INC. 6551 PARK OF COMMERCE BOULEVARD, N.W. | | | | 03/ | Date of Earliest Transaction (Month/Day/Year) 03/28/2022 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | SVP - Human Resources 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | " | Line) X Form filed by One Reporting Person | | | | | |
| BOCA RATON FL 33487 | | | _ | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Non-Der | vative | Sec | urities | Acq | uired, | Dis | posed of | , or | Ben | efici | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Exec | | Deemed ecution Date, ny onth/Day/Year) | | | | ies Acquired (A Of (D) (Instr. 3 | | | nd Securit | ies cially Following | Form (D) or | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code V | | Amount | (A) or (D) | | Price | Transa | ransaction(s) nstr. 3 and 4) | | | (111341. 4) | |
| Common Stock 03/28/2 | | | | 8/2022 | 2022 | | | | | 3,414(1) | (1) A | | \$0 | 23,407 | | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Dat if any (Month/Day/Ye | Code | Transaction of Code (Instr. Derivative | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Ov Fo Dii or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | | | (D) | Date Exercis | Date Expiration o | | of | | | | | | | | |

Explanation of Responses:

1. Settlement of performance shares granted March 31, 2019 pursuant to issuer's Omnibus Stock Incentive Plan, which were settled based on the achievement of performance targets and are payable in shares of restricted stock

/s/ Colin P. McDonald

03/29/2022

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.